

# Life and Accidental Death & Dismemberment (AD&D) Insurance

## Special Reenrollment Form

**For use February 1 – 29, 2012 by employees who wish to apply for or increase their supplemental life insurance after their initial eligibility period. Review your Statement of Insurance or your employer's online employee portal to verify your current coverage amounts before completing this form.**

### SECTION 1: AGENCY/RELIASTAR LIFE INFORMATION *Personnel, payroll, or benefits office completes this section.*

Employing agency	Policyholder name/number Washington State Health Care Authority 123731	Agency/subagency code
Employee's hire date	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee	Effective date of coverage or change in coverage

### SECTION 2: EMPLOYEE INFORMATION *Employee completes this section.*

Social security number	Name (last, first, middle initial)	Date of birth (mm/dd/yyyy)	Employee I.D. number
Street address (include city, state, ZIP Code)			<input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing address (include city, state, ZIP Code)—if different from above		Work phone number	Home phone number
Have you used tobacco products of any kind (including nicotine gum) in the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your spouse/state-registered domestic partner used tobacco products of any kind (including nicotine gum) in the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a retiree who has returned to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, and you are enrolled in PEBB retiree term life insurance, do you want to keep retiree term life insurance while you are employed? (Cost is \$6.57 per month.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION 3: EMPLOYEE LIFE INSURANCE *Employee completes this section. See "Premium Rates" in the Term Life & Accidental Death & Dismemberment Insurance Program booklet or the Enrollment at a Glance Summary to determine your estimated monthly costs.*

	<b>I am requesting the coverage below (check your selections):</b>
<b>Basic Life and Basic Accidental Death &amp; Dismemberment (AD&amp;D) Insurance for Employee</b> Paid by your employer, except if you are on Leave Without Pay.	<input checked="" type="checkbox"/> \$25,000 Basic Life Insurance \$5,000 Basic AD&D Insurance
<b>Supplemental Life Insurance for Employee</b> You may apply for \$10,000 to \$750,000 of Employee Supplemental Life Insurance (in \$10,000 increments). <b>If you currently have Employee Supplemental Life Insurance (formerly Part C Optional and/or Part D Supplemental Life Insurance):</b> <ul style="list-style-type: none"> <li>If you are under age 60, you can increase your current amount of coverage by up to \$50,000 (up to the guaranteed issue limit of \$250,000) without medical review if you apply during the special reenrollment period.</li> <li>If you are age 60 or older, you can increase your current amount of coverage by up to \$50,000 (up to the guaranteed issue limit of \$100,000) without medical review if you apply during the special reenrollment period.</li> </ul> If you were previously declined for supplemental life insurance by ReliaStar Life or are applying for more than the guaranteed issue limits stated above, you must also complete and submit a <i>Life Insurance Evidence of Insurability Form</i> and be approved by ReliaStar Life. <b>If you do not currently have Supplemental Life Insurance and are applying for Supplemental Life Insurance after your initial eligibility period:</b> You must also complete and submit the <i>Life Insurance Evidence of Insurability Form</i> and be approved by ReliaStar Life.	<input type="checkbox"/> Employee Supplemental Life Insurance in the amount of: \$ _____ <i>(in \$10,000 increments, up to \$750,000)</i>  <input type="checkbox"/> Keep my current coverage amounts of Part C Optional and Part D Supplemental combined  <input type="checkbox"/> Cancel this coverage

**SECTION 4: SPOUSE/DEPENDENT LIFE INSURANCE** *Employee completes this section.*

I am requesting the coverage below (check your selections):	
<b>Basic Life Insurance</b> <b>for Spouse/State-Registered Domestic Partner and Children</b> You must have Employee Supplemental Life Insurance and Basic Life Insurance for your spouse/state-registered domestic partner to apply for Supplemental Life Insurance for your spouse/state-registered domestic partner.	<input type="checkbox"/> Spouse/state-registered domestic partner--\$2,500 life insurance <input type="checkbox"/> Children--\$2,500 life insurance per child <input type="checkbox"/> Cancel this coverage
<b>Supplemental Life Insurance</b> <b>for Spouse/State-Registered Domestic Partner</b> If you have Employee Supplemental Life Insurance and Spouse/State-Registered Domestic Partner Basic Life Insurance, you may apply for Supplemental Life Insurance for your eligible spouse or state-registered domestic partner. You may apply for up to 50% of the amount of your Employee Supplemental Life Insurance, in \$5,000 increments. <b>If you currently have Supplemental Life Insurance for your spouse/state-registered domestic partner:</b> You can increase the current amount of coverage by up to \$25,000 (up to the guaranteed issue limit of \$50,000 total, not to exceed 50% of your Employee Supplemental Life Insurance amount) without medical review if you apply during the special reenrollment period. If your spouse or state-registered domestic partner was previously declined coverage by ReliaStar Life or if you are applying for more than the guaranteed issue limits stated above, you must also complete and submit a <i>Life Insurance Evidence of Insurability Form</i> for your spouse/ state-registered domestic partner, to be approved by ReliaStar Life. <b>If this is your first time applying for Supplemental Life Insurance for your spouse/state-registered domestic partner and it is after your initial eligibility period:</b> You must also complete and submit a <i>Life Insurance Evidence of Insurability Form</i> for your spouse or state-registered domestic partner, to be approved by ReliaStar Life.	<b>You must have Employee Supplemental Life Insurance and Spouse/State-Registered Domestic Partner Basic Life Insurance to apply for Spouse/State-Registered Domestic Partner Supplemental Life Insurance.</b> <input type="checkbox"/> Spouse/state-registered domestic partner Supplemental Life Insurance in the amount of: \$ _____ <i>(in \$5,000 increments, up to 50% of Employee Supplemental Life Insurance in Section 3)</i> <input type="checkbox"/> Keep the current supplemental coverage amount for my spouse or state-registered domestic partner <input type="checkbox"/> Cancel this coverage

**SECTION 5: SUPPLEMENTAL AD&D INSURANCE** *Employee completes this section.*

I am requesting the coverage below (check your selections):	
<b>Supplemental Accidental Death &amp; Dismemberment (AD&amp;D) Insurance for Employee</b> You may apply for \$25,000 to \$250,000 of Employee Supplemental AD&D Insurance (in \$25,000 increments).	<input type="checkbox"/> Employee Supplemental AD&D Insurance in the amount of: \$ _____ <i>(in \$25,000 increments, up to \$250,000)</i> <input type="checkbox"/> Cancel this coverage
<b>Supplemental Accidental Death &amp; Dismemberment (AD&amp;D) Insurance for Dependents</b> You must have Employee Supplemental AD&D Insurance to apply for Dependent Supplemental AD&D Insurance.	<input type="checkbox"/> Include this coverage for my dependents. <input type="checkbox"/> <b>Do not</b> include coverage for my dependents. <input type="checkbox"/> Cancel this coverage

**SECTION 6: BENEFICIARIES** *Employee completes this section. Attach a list of other beneficiaries if needed (signed and dated).*

Name of beneficiary (last, first, middle initial)	<input checked="" type="checkbox"/> Primary	Relationship to employee	Date of birth (mm/dd/yyyy)
Address (include city, state, ZIP Code)	Benefit %	Social security number	Phone number
Name of beneficiary (last, first, middle initial)	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Relationship to employee	Date of birth (mm/dd/yyyy)
Address (include city, state, ZIP Code)	Benefit %	Social security number	Phone number

**SECTION 7: SIGNATURE** *Employee completes this section.*

By signing this form, I declare that the information I have provided is true, complete, and correct. **I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, and denial of PEBB benefits.** I authorize my employer to deduct premiums for supplemental coverage from my paycheck. I understand that coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work. I also understand that ReliaStar may require evidence of insurability for coverage to be effective. This form replaces all previous forms and submissions I have made for PEBB life insurance. The information collected about you is confidential. We will not release any information about you without your authorization, except to conduct our business or as required or permitted by law.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to your personnel, payroll, or benefits office by February 29, 2012.**